

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission .....	03/03/2021 14:33 (SGT)
Date of Accident .....	03/03/2021 07:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PUNGGOL WAY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLJ8774C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ANG SOON HENG
NRIC No .....	S8519470D
Email Address .....	shang0085@gmail.com
Mobile Phone No .....	(Phone) +65-96165287
Alternative Phone No .....	+65-96165287

#### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	V40
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car

#### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SD20V15319
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	ANG SOON HENG
NRIC No .....	S8519470D
Date Of Birth .....	20/06/1985
Occupation .....	Indoor

Date Of Driving Pass .....	12/12/2007
Driving experience .....	13 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96165287
Alt. Phone Number .....	+65-96165287
Email Address .....	shang0085@gmail.com
Address .....	BLK 414 TAMPINES STREET 41 #09-317
Address complement .....	-
Postcode .....	520414
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MARIE LIM
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD6900Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKX6038X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	QUEK TAT HOCK
NRIC No .....	S1689957G
Contact Number .....	(Phone) +65-86869259
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

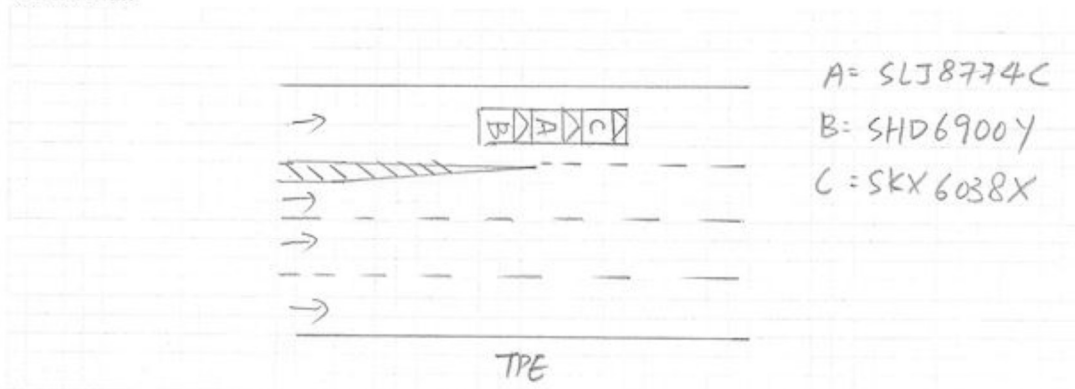
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that :  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Sanley* 3/7/21 13:54  
Policyholder's Signature / Date & Time

*Sanley* 3/7/21 13:54  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

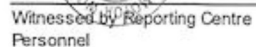
Refer to Police Report No: T/20210303/2032

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time































**SINGAPORE  
POLICE FORCE**



T/20210303/2032

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Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20210303/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/03/2021 11:42	Vide Report No.:	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: ANG SOON HENG			Address: APT BLK 414 TAMPINES STREET 41 #09-317 SINGAPORE 520414	
ID Type / ID No.: NRIC NO / S8519470D			Contact No.: Home/Office: Mobile: 96165287	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 20/06/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SOFTWARE ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/03/2021 07:50	Type of Location: Straight Road
Location:  PUNGGOL WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6900Y	Car	HYUNDAI		Blue	Slightly Damaged	1
SKX6038X	Car	MITSUBISHI	ATTRAGE	Blue	Slightly Damaged	1
SLJ8774C	Car	VOLVO	V40	Grey	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry	Date
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**SINGAPORE  
POLICE FORCE**



T/20210303/2032

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Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20210303/2032

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ8774C	LIBERTY INSURANCE PTE LTD	SD20V15319	28/12/2020	27/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	QUEK TAT HOCK	ID No.	S1689957G	
Related Vehicle	SKX6038X (Car)	Contact No.	86869259	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
<b>Driver</b>				
Name	ANG SOON HENG	ID No.	S8519470D	
Related Vehicle	SLJ8774C (Car)	Contact No.	96165287	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
<b>Passenger</b>				
Name	MARIE LIM	ID No.	NIL	
Related Vehicle	SLJ8774C (Car)	Contact No.	98384733	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	





SINGAPORE  
POLICE FORCE



T/20210303/2032

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210303/2032

## CONTINUATION OF REPORT

**Brief Details.**

On 03/03/2021 at about 0750hrs, I was driving my car Reg No: SLJ8774C Volvo grey in colour along Punggol Way towards TPE(PIE). As I was driving along the slip road entering into TPE/PIE, I saw the vehicle Reg No: SKX6038X in front of me slowed down and stop. I also slowed down my car and stopped behind the vehicle. Suddenly, I felt an impact from the rear of my vehicle. The impact causes my car to hit the vehicle in front of me. I then went out of my car and saw that my car has been hit by taxi Reg No : SHD6900Y. Hyundai Blue in colour. The taxi driver went out of his taxi however when I speak to him, he denied hitting my vehicle. I then went to speak to the other car driver and the taxi driver just went into his taxi and drive off from the accident scene.

After exchanging details with the other car driver and taking photos of the damages, I then left the scene. Both me and a Grab Hitch passenger seated at the rear passenger seat of my car were not injured during the accident. The other car driver also did not informed me of any injury to him or his passenger. The taxi that left the scene has a passenger in his taxi.

I have a in-car camera installed both front and rear of the car and it managed to record the accident. I also managed to note down the taxi Registration number before the taxi drove away. My car has slight scratches and dent both rear and front bumper. The front car has slight damages on its rear bumper.



**SINGAPORE  
POLICE FORCE**



T/20210303/2032

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Report No. T/20210303/2032

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt MUHAMAD FAISAL BIN MOHD SALEH	Signature Of Informant: <i>Santley</i>
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2021 11:42
Officer In Charge Of Case: TP / HRT / Insp GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Authentication Stamp NP168	